

WELL COMPENSATION PROGRAM
CHECKLIST WORK SHEET: REQUEST FOR PAYMENT
(attach as the top sheet for the payment claim package)

Payment Claimant Name: _____

NEW UWN: _____

Well Compensation Program Grant Award Number: WCP- _____ **-**

Date Received Payment Claim: _____

DNR Staff receiving Payment Claim: _____

Payment Claim – Required Elements:

- ☐ Final Payment Claim **OR** explain if partial:
- ☐ Payment Cover Form 8700-176
- ☐ Itemized Estimate Sheet Form 8700-175
- ☐ Well Construction Report for NEW replacement well Form 3700-77A
- ☐ Well Abandonment Report for existing contaminated well Form 3300-005
- ☐ Water sample analysis report from a certified lab for bacteria showing “Safe” water for new water supply.
- ☐ Field Inspection Report Form 3300-26 for replacement water supply.
- ☐ Invoice copies for non-table costs (section NR 123.21 table), attach if applicable to justify DNR central office (DG-Tom Riewe) approved eligible non-table cost.